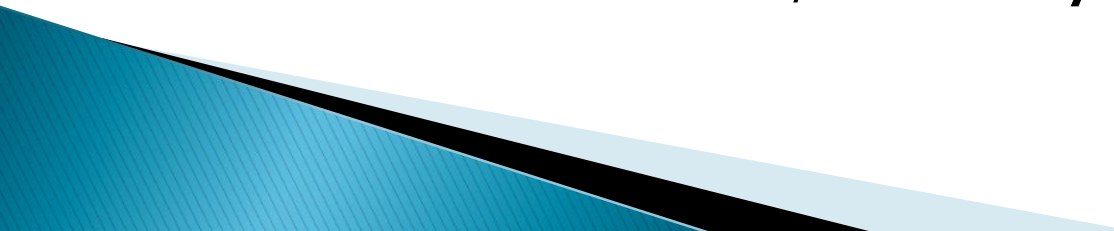


# DUAL ELIGIBLE DEMONSTRATION PROJECT

*Cal*Duals

# Goals of the Project

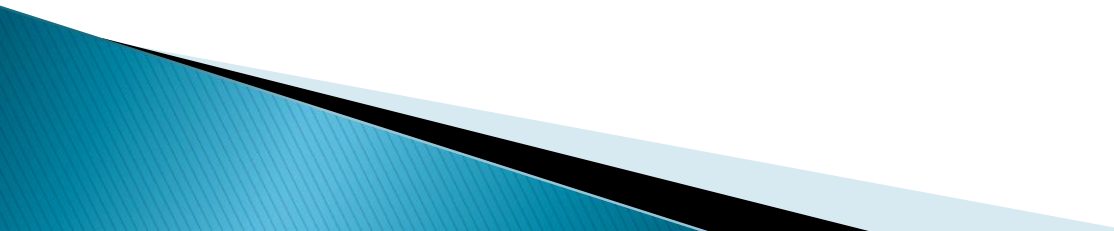
- ▶ Coordinate state & federal benefits
  - ▶ Maximize ability for individuals to remain at home and avoid institutional care and unnecessary hospital visits
  - ▶ Increase access to home & community based care
  - ▶ Preserve ability to self-direct care (IHSS)
  - ▶ Optimize the use of Medicare, Medi-Cal and other State/County resources
- 

# Background – Dual Eligibles

- ▶ Eligible for both full scope Medicare (A, B & D) and Medi-Cal
- ▶ 1.1 million duals in California
  - Elderly and poor
  - Many with chronic health conditions
  - 76,860 in San Diego – 2<sup>nd</sup> largest county
  - 18,000 IHSS recipients are dual eligibles (72% of total IHSS population)
- ▶ 71% over 65
- ▶ Less than 20% in managed care

# Background

## Difficulty in Serving Dual Eligibles:

- ▶ Programs cover different services:
    - Medicare covers physician, hospital and limited skilled nursing, rehab.
    - Medi-Cal covers home health, personal care/IHSS, skilled nursing, other services not covered by Medicare.
  - ▶ Different payment rules
  - ▶ Uncoordinated care for the most vulnerable
- 

# Enabling State Legislation

SB 208 (2010) – Directs State Department of Health Care Services (DHCS) to seek federal waiver/demo approval for pilot projects

- ▶ Pilot projects in up to 4 counties
- ▶ Operated by health plans
  - At least one county will be a two-plan model – **LA**
  - At least one county will be a County Organized Health System (COHS) – **Orange & San Mateo**
  - **San Diego** – geographic managed care county (4 plans applied and were selected)
- ▶ Requires Stakeholder input
- ▶ Allows DHCS to require mandatory enrollment into managed care for Medi-Cal
  - Seniors & persons with disabilities now being enrolled

# Medi-Cal Managed Care Models



## Geographic Managed Care (GMC)

- State contracts with various commercial plans in county (2 Counties)

## Two Plan:

- State contracts with one local public plan and one commercial plan (14 Counties)

## County Organized Health System:

- State contracts with a local public plan (14 Counties plus one proposed County)

Of the 7.6 million Medi-Cal beneficiaries, 4.3 million are enrolled in a Medi-Cal Managed Care Plan

# Federal – State MOU

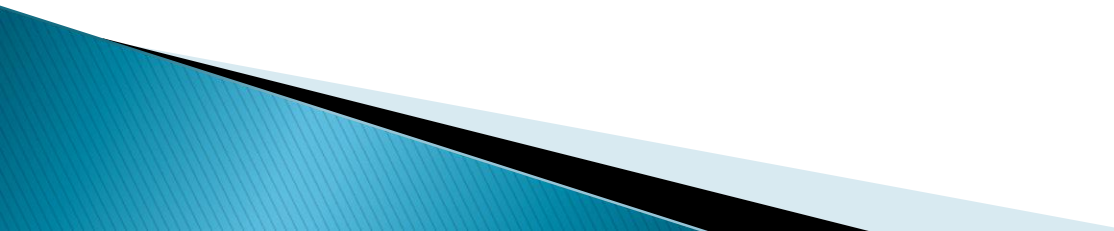
- \$1 million planning grant from the feds (CMS) to establish demonstration sites
- California one of 15 States moving towards integration

## Financing of demonstration:

Capitated rate, three way contract

- Health plans, CMS and DHCS
- Blended capitated rate

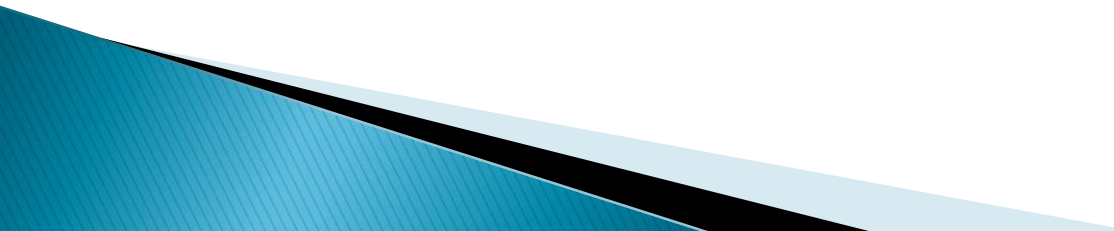
# Integrated Services– Duals

- ▶ Medical Services
    - All Medicare and Medi-Cal services currently covered
  - ▶ Long-term care services and supports (LTSS)
    - Institutional Long-Term Care (SNF)
    - Personal care services/IHSS
    - Community Based Adult Services (CBAS) (formerly ADHC)
    - Multi-purpose Senior Services Program (MSSP)
- 


# Governor's Proposed Plan – Coordinated Care Initiative

- ▶ Expand dual eligible sites from 4 to 8 (includes Riverside, San Bernardino, Alameda and Santa Clara)
- ▶ Impacts 685,000 people
  - Services begin March 2013 – June 2013
- ▶ Anticipated savings = \$663 M FY 12–13, \$887 M FY 13–14 (State funds)

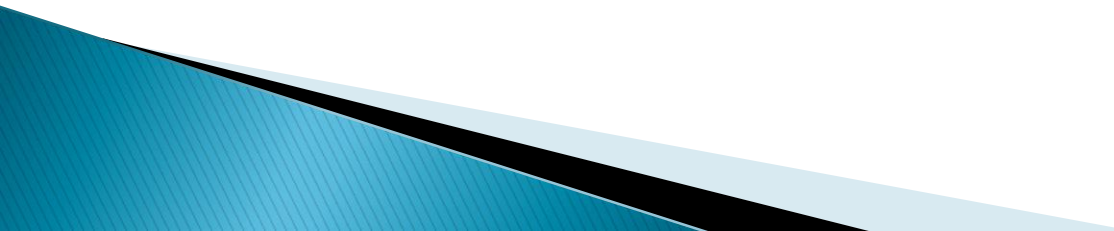
# Governor's Proposed Plan – continued

- ▶ Phased in passive enrollment – may choose from 4 plans
  - ▶ Mandate enrollment for six months for Medicare recipients:
    - May not be possible without changing federal law
  - ▶ All Medi-Cal services, including long-term care services & supports, to be provided by health plans
- 


# Service Carve Outs

- ▶ Developmentally Disabled Waiver (Regional Center)
  - ▶ Children
  - ▶ End stage renal disease patients
  - ▶ PACE enrollees
  - ▶ AIDS Healthcare Foundation enrollees
  - ▶ Waiver programs (NF, IHO, AIDS Waiver, Assisted Living)
  - ▶ Behavioral Health services will be coordinated
    - Incentives for shared outcomes
    - May be integrated in later years
- 

# Other Required Elements

- ▶ Pharmacy coverage (Part D coverage required)
  - ▶ Person Centered Care Coordination
  - ▶ Coordinate/purchase supplementary benefits
  - ▶ Meaningful involvement of stakeholders in developing and operating program
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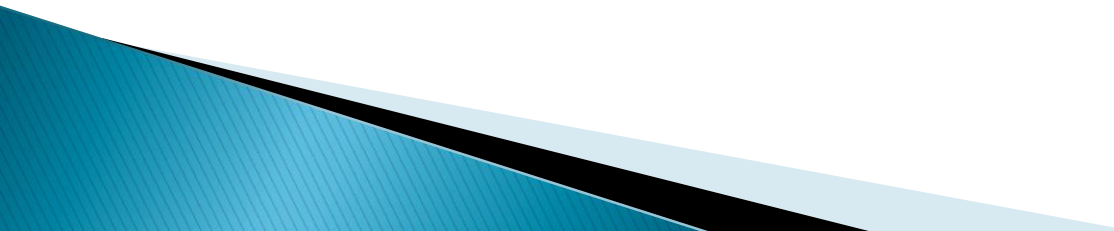
# Uniform Assessment Tool

- ▶ Need for uniform assessment tool for home & community based services
  - ▶ Stakeholder design process to begin June 2013
  - ▶ Implementation no earlier than January 2015
    - Will be used for day care, MSSP, IHSS
    - Will not be used in skilled nursing facilities
    - Will not replace plans' risk assessment
- 

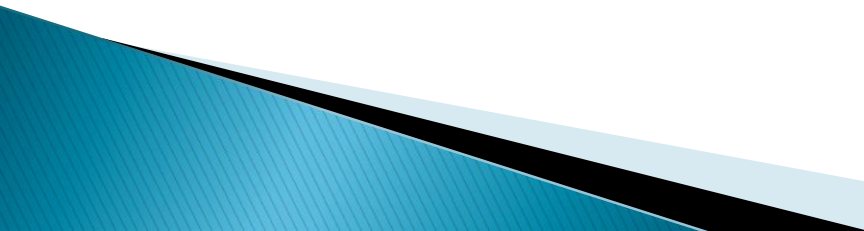
# County Role – proposed

- ▶ Health plans to contract with the County for services including:
  - In-Home Supportive Services (IHSS): Client continues to hire, fire & supervise care provider
  - County social worker performs assessments
  - Public Authority provides registry, training, provider enrollment, payroll
  - Multipurpose Senior Services Program: Case Management services provided by County. January 2015, MSSP becomes managed care benefit
- ▶ Plans can request additional IHSS and will pay for it

# Person Centered Care Coordination

- ▶ Health plans to identify individuals through risk assessment process
  - ▶ Individual has primary decision-making role in identifying care needs, preferences and strengths
  - ▶ Interdisciplinary teams, including the care recipient, to identify needs
  - ▶ Plans to provide care management/care coordination
- 

# Supplemental Services

- ▶ Plans must build relationships with CBOs and partner or contract for services:
    - Home modifications
    - Home delivered meals
  - ▶ Additional benefits could be provided:
    - Vision
    - Dental
    - Non-medical transportation
    - Disease Management, Care Transitions, Intensive CM
  - ▶ Ability to offer value added services determined during rate-setting
- 

# Timeline

April 2012	DHCS announces sites – San Diego chosen
April 2012	DHCS releases Dual Eligible Demonstration Proposal/Coordinated Care Initiative
May 2012	DHCS submits proposal to feds (30-day public comment period begins)
June/July 2012	CMS (feds) approve proposal MOU between State/feds completed
November/Dec. 2012	Health plans readiness reviews
January 2013	Contracts completed between plans, State & feds
March –June, 2013	Dual demonstration begins in CA